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HOW IMPORTANT IS THE PATIENT'S PRIVACY FROM OPERATING ROOM NURSE'S ATTITUDE? A STUDY ON NURSE'S WORKING IN OPERATING ROOMS OF EDUCATIONAL HOSPITALS OF ZAHEDAN UNIVERSITY OF MEDICAL SCIENCES. 2016

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Abstract

Privacy is an essential right for patients. Nurses should notice that their disturbance in patient's privacy could deeply hurt them. According to the importance of this right, present study aimed to find out how important is the patient's privacy from operating room nurse's attitude in Zahedan.

This was a cross-sectional study. The respondents were 70 operating room nurses. The data were collected through a two section questionnaire. The first section was about the demographic information. The second section was about the importance of patient's privacy. After data collection they were analyzed through descriptive statistics and chi-square test by SPSS v.19.

The mean of age was 26.99 ± 6.95 among respondents. There were 55 females and 15 males. There was a significant difference between the answers of two genders about these questions: "getting patient's permission for any intervention" , "patient's privacy dimensions" , "patient's personal environment" , "technology development and using it for keeping patient's information safe" , "same gender examiners".

Most of the nurses in this study gave an "I agree" answer to the "keeping the patient's secret, means to consider his privacy" question and the less "I agree" answer was for the "I can enter the patient's room any time I want" question. It is good to know that patient's dignity and privacy is considered only when the health care providers are award enough about its importance.

Keywords: Privacy, Operating Room, Zahedan.

Introduction

Considering human's dignity is one of the first human rights (1). Patient's privacy is a basic right for him in the hospital. It is one of the important factors in providing ethical healthcare services (2). Patients have special expectations about their privacy rights due to their critical situation (3). Privacy means to limit other people to your body, thoughts and emotions. In other hand the privacy has a close relationship with the normal values. People usually like to keep their privacy safe and secret and have a complete control on that (4). Totally privacy is a person's feeling about his personality, dignity, independency and private environment.

Nocking the door before entering patient's room and preventing unnecessary touches in physical examinations are some examples of paying attention to the patient's privacy. Respecting patient's culture, respecting his norms and values and providing health services from same gender healthcare providers are the basic responsibilities of a clinical nurse (5). Privacy has four dimensions. Physical dimension (the body of patient), psychological dimension (ability to control the psychological processes), social dimension (controlling the social contacts) and informational dimension (control on personal information sharing process) (6). According to the importance of privacy, some countries decided to make some laws for defending their people's privacy rights. For example Canadian privacy laws. These laws had an important role in people and medical researcher's awareness about respecting the patient's privacy (7, 8). Violation of patient's privacy rights could lead to so many problems. Some patients may hide their medical histories and some would refuse their physical examinations.

This could lead to worst things such as anxiety, stress, lack of trust to healthcare providers and unbalanced physiological situations (9-11). Back's study had shown that "the permission to talk to the doctor" was the most important part of patient's privacy and "eating in privacy" had the less importance (12). In different surveys patients said that lack of knowledge about the disease, not getting enough information, not getting the answer of their questions; body's unnecessary exposure and entering patient's room without permission are the main disturbances in patient's privacy (13). Nurses should notice that their disturbance in patient's privacy could deeply hurt them. In other hand if they respect their privacy this could lead to satisfaction and feeling valuable (14). According to the importance of this right, present study aimed to find out how important is the patient's privacy from operating room nurse's attitude in Zahedan.

Material and Methods

This was a cross-sectional study. The study was conducted on nurses working in educational hospitals of Zahedan University of Medical Sciences. 85 nurses were working in these hospitals. According to the Morgan's table we picked 70 of them randomly.

Data were collected through a two part questionnaire. The first part was about the demographic information including age and sex. The second part was about the importance of patient's privacy from nurse's attitude. This questionnaire contained 29 questions about different aspects of patient's privacy.

The questions were answered by "I agree", "I have no idea" and "I disagree". This questionnaire was used by Mobarke and colleagues and its validity was proved.

The validity was calculated through Cronbach's alpha and it was 0.72 (13). After ethical approvals were done in Zahedan University of Medical Sciences researchers went to the hospitals. After getting the approval of hospital security the aim of the study was explained to the respondents. After getting the verbal consent the questionnaires were given to them. Just for the records it was mentioned in the first page of the questionnaire that "your corporation in filling this questionnaire is considered as your consent to be a part of this study." And also it was written that "your information would be completely safe".

After completing, the questionnaires were given back to the researcher. If any was incomplete the respondents were asked to complete them respectfully. After data collection the data were analyzed through descriptive analytics, and chi-square test (relationship between sex and each of questions in the questionnaire) by SPSS v.19. The significant P value was considered less than 0.05.

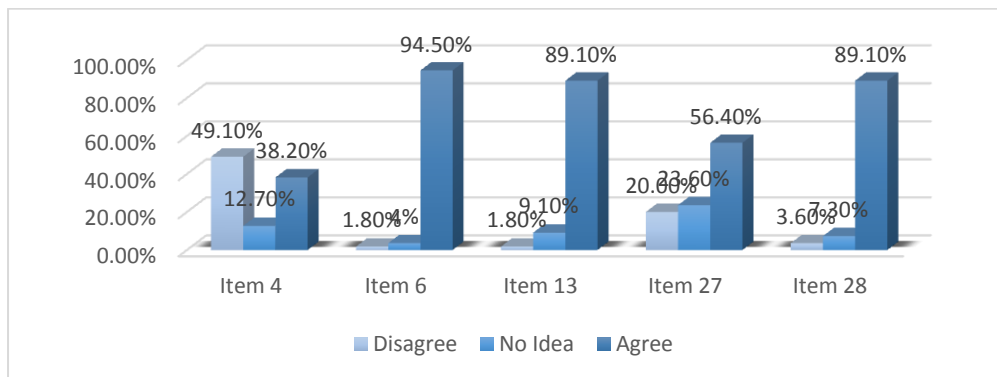
Results

The mean of age was 26.99 ± 6.95 in this study. 55 (78.6%) respondents were female while 15 were male. There was a significant difference between the answers of two genders about these questions:

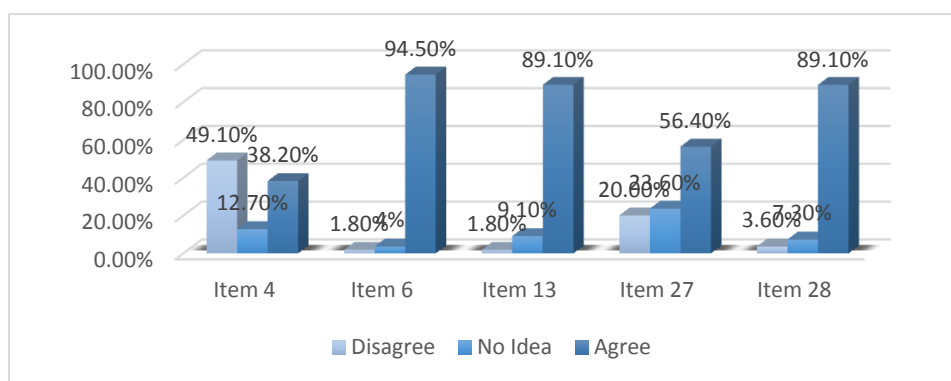
"getting patient's permission for any intervention" ($p=0.03$), "patient's privacy dimensions" ($p=0.017$), "patient's personal environment" ($p=0.021$), "technology development and using it for keeping patient's information safe" ($p=0.01$), "same gender examiners" ($p=0.018$).

The information about male respondents is shown in bar chart 1 and for female respondents are shown in bar chart 2.

Bar chart-1. How the male respondents did answer questions number 4, 6, 13, 27 and 28



Bar chart-2. How the female respondents did answer questions number 4, 6, 13, 27 and 28



The percentage of responding to the questions by the respondents are shown in table 1

Table 1. The percentage of responding to the questions by the respondents

	Agree (%)	No idea (%)	Disagree (%)
1.I can enter the patient's room any time I want	25.7	2.9	71.4
2.I can touch every spot of patient's body that I want	72.9	17.1	10
3.I can do interventions and examinations on my patients every were I like	25.7	7.1	67.1
4.After admitting the patient In the hospital I can do any intervention without getting any permission from the patient	57.1	10	32.9
5.Considering patients privacy rights is an important task for me	85.7	4.3	10
6.Patient's privacy has three dimensions: physical, social and informational	90	8.6	1.4
7.Physical dimension of patient's privacy is more considered these days	71.4	21.4	7.1
8.Keeping patient's information as a secret is important in hospitals	78.6	17.1	4.3
9.Unnecessary physical touches could disturb patient's privacy	74.3	17.1	8.6
10.Entering patient's room and private space could disturb patient's privacy	67.1	24.3	8.6

11.It is necessary to give new solutions for preventing patient's privacy disturbance	72.9	20.0	7.1
12.Changes must be conducted in medical students program for patient's privacy understanding	65.7	25.7	8.6
13.Personal environment is the environment which surrounded the patient and he has certain rights there	82.9	12.9	4.3
14.Patients have right to be alone in their personal environment	75.7	17.1	7.1
15.If the privacy is considered the patient could feel free to answer the questions	78.6	14.3	7.1
16.The patient is submissive out of his personal environment	52.9	34.3	12.9
17.Patient's privacy is not mentioned in educational programs	77.1	18.6	4.3
18.Early morning cares are patient's privacy disturbance	47.1	22.9	30.0
19.Having roommates in hospitals is patient's privacy disturbance	44.3	18.6	37.1
20.Nothing the door before entering patient's room is a respect to his privacy	72.9	18.6	8.6
21.Preventing unnecessary touches is a respect to patient's privacy	82.9	15.7	1.4
22.Not paying attention to the patient's bathroom's physical condition is their privacy's disturbance	77.1	14.3	8.6
23.Same gender healthcare providers should do the examinations for patient's	82.9	11.4	5.7
24.Patients have certain right to choose the time and location of giving the information to other people or organizations	75.7	21.4	2.9
25. Patient's information should be kept in computers but not in papers due to installation of computer systems in hospitals.	64.3	17.1	64.3
26.Patient's unawareness about his disease and treatment is his privacy's disturbance	72.9	10	17.1
27.Using electronic files could put patient's information in danger	50	21.4	28.6
28.Same gender healthcare providers should do the examinations for patient's	84.3	7.1	8.6
29.Keeping patient's secret, is considering his privacy	91.4	7.1	1.4

Conclusion

The most "I agree" answers went for these questions: "Keeping patient's secret, is considering his privacy", "Patient's privacy has three dimensions: physical, social and informational", "Considering patients privacy rights is an important task for me", "Same gender healthcare providers should do the examinations for patient's", "Preventing unnecessary touches is a respect to patient's privacy" and "Personal environment is the environment which surrounded the patient and

he has certain rights there". The less "I agree" answers went for these questions: "I can enter the patient's room any time I want", "I can do interventions and examinations on my patients everywhere I like. Back's study had shown that "the permission to talk to the doctor" was the most important part of patient's privacy and "eating in privacy" had the less importance (12). The above mentioned results were consistent with Wogara and colleagues study especially in the question "Considering patients privacy rights is an important task for me". This shows the importance of patient's privacy to the respondents. In Wogara's study 66.7% agreed with the question "Patient's privacy is not mentioned in educational programs" and 72.7% agreed with question "Changes must be conducted in medical students program for patient's privacy understanding" (15). In Mehrdad's study most of the respondents agreed that unnecessary touches are an important factor of disturbing patient's privacy (16). Patient's rights are actual physical, emotional and social supports which healthcare providers are supposed to consider them. Privacy is a basic right of patient's in the hospitals (17). Due to the effect of considering the privacy on psychological performance of patient's it seems so necessary too (18). So it make sense if the healthcare providers be worry about their patient's privacy rights (19). Disturbance in patient's privacy could lead to bad results in patient's health and even could lead to problems for the healthcare system (20). While a patient is admitted to hospital he is not able to defend his privacy rights all the time. So it would be much more important for the healthcare providers to do that for them (21). Haas and colleagues believe that healthcare systems should do their best to protect patient's privacy rights (22). Shaton and Sidhouse stated in their study in 1998 that healthcare providers should be aware about ethical considerations to protect patient's dignity and privacy (23). So one of the suggestions for protecting patient's privacy is to educate Operating Room nurses about patient's privacy rights.

Conducting this study in a specific time was a limitation of it. Due to the self-report method used in this study some results may be limited. Some respondents may could not answer the questions in complete concentration (24-28). But the researcher gave the questionnaires to the respondents face to face and explained the aim of the study so he could prevent above mentioned limitations.

Conclusion

Most of the nurses in this study gave an "I agree" answer to the "keeping the patient's secret, means to consider his privacy" question and the less "I agree" answer was for the "I can enter the patient's room any time I want" question. It is good to know that patient's dignity and privacy is considered only when the health care providers are aware enough about

its importance. The results of this study could be used to make better protection of patient's privacy rights and teach the personnel how to respect patient's privacy.

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